

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

SUBMIT IN DUPLICATE\*

Form approved.  
Budget Bureau No. 42-R355.5.

## WELL COMPLETION OR RECOMPLETION

REPORT 271884 LOG \*

1a. TYPE OF WELL: OIL WELL ☒ GAS WELL ☐ DRY ☐ Other O.C.D.  
b. TYPE OF COMPLETION: NEW WELL ☒ WORK OVER ☐ DEEP-EN ☐ PLUG BACK ☐ DIFF. RESVR. ☐ ARTESIA, OFFICE2. NAME OF OPERATOR Gulf Oil Corp.3. ADDRESS OF OPERATOR P.O. Box 670 Hobbs, NM 882404. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)\*  
At surface 2482' FSL + 64' FEL

At top prod. interval reported below

At total depth

14. PERMIT NO. DATE ISSUED

15. DATE SPUNDED 9-19-84 16. DATE T.D. REACHED 9-23-84 17. DATE COMPL. (Ready to prod.) 10-26-84 18. ELEVATIONS (DF, RKB, RT, GR, ETC.)\* 3247.7' GL 19. ELEV. CASINGHEAD

20. TOTAL DEPTH, MD &amp; TVD 2003' 21. PLUG, BACK T.D., MD &amp; TVD 1913' 22. IF MULTIPLE COMPL., HOW MANY\* Single 23. INTERVALS DRILLED BY 10'-2003' 24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)\* 1802-1810' Zone

26. TYPE ELECTRIC AND OTHER LOGS RUN CNDL; DLL 27. WAS WELL CORED No

28. CASING RECORD (Report all strings set in well)

| CASING SIZE | WEIGHT, LB./FT. | DEPTH SET (MD) | HOLE SIZE | CEMENTING RECORD | AMOUNT PULLED |
|-------------|-----------------|----------------|-----------|------------------|---------------|
| 8 5/8"      | 24#             | 510'           | 12 1/4"   | 400-24           |               |
| 5 1/2"      | 15.5#           | 3003'          | 7 7/8"    | 650-24 - Circ    |               |

29. LINER RECORD 30. TUBING RECORD

| SIZE | TOP (MD) | BOTTOM (MD) | SACKS CEMENT* | SCREEN (MD) | SIZE   | DEPTH SET (MD) | PACKER SET (MD) |
|------|----------|-------------|---------------|-------------|--------|----------------|-----------------|
|      |          |             |               |             | 2 7/8" | 1881'          |                 |

31. PERFORATION RECORD (Interval, size and number) 32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.

| DEPTH INTERVAL (MD)          | AMOUNT AND KIND OF MATERIAL USED |
|------------------------------|----------------------------------|
| 1784-89' 4 1/2" JH (logized) |                                  |
| 1802-10' 4 1/2" JH           | 1800 gals 15% NEFE, 31 RCNBs     |

33. PRODUCTION

|                       |                 |                                                                      |                         |          |            |                                    |               |
|-----------------------|-----------------|----------------------------------------------------------------------|-------------------------|----------|------------|------------------------------------|---------------|
| DATE FIRST PRODUCTION |                 | PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump) |                         |          |            | WELL STATUS (Producing or shut-in) |               |
| 10-26-84              |                 | Dumping                                                              |                         |          |            | prod                               |               |
| DATE OF TEST          | HOURS TESTED    | CHOKE SIZE                                                           | PROD'N. FOR TEST PERIOD | OIL—BBL. | GAS—MCF.   | WATER—BBL.                         | GAS-OIL RATIO |
| 10-31-84              | 24              | 10.0                                                                 | →                       | 32       | 119        | 119                                | —             |
| TUBING PRESS.         | CASING PRESSURE | CALCULATED 24-HOUR RATE                                              | OIL—BBL.                | GAS—MCF. | WATER—BBL. | OIL GRAVITY-API (CORR.)            |               |
| 25                    | 25              | →                                                                    | 32                      | 119      | 119        |                                    |               |

34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.) 35. LIST OF ATTACHMENTS

36. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records.

SIGNED

RD Pite

TITLE

AREA ENGINEER

DATE

11-2-84

# INSTRUCTIONS

**General:** This form is designed for submitting a complete and correct well completion report and log on all types of lands and leases to either a Federal agency or a State agency, or both, pursuant to applicable Federal and/or State laws and regulations. Any necessary special instructions concerning the use of this form and the number of copies to be submitted, particularly with regard to local, area, or regional procedures and practices, either are shown below or will be issued by, or may be obtained from, the local Federal and/or State office. See instructions on items 22 and 24, and 23, below regarding separate reports for separate completions.

If not filed prior to the time this summary record is submitted, copies of all currently available logs (drillers, geologists, sample and core analysis, all types electric, etc.), formation and pressure tests, and directional surveys, should be attached hereto, to the extent required by applicable Federal and/or State laws and regulations. All attachments should be listed on this form, see item 35.

**Item 4:** If there are no applicable State requirements, locations on Federal or Indian land should be described in accordance with Federal requirements. Consult local State or Federal office for specific instructions.

**Item 18:** Indicate which elevation is used as reference (where not otherwise shown) for depth measurements given in other spaces on this form and in any attachments. **Items 22 and 24:** If this well is completed for separate production from more than one interval zone (multiple completion), so state in item 22, and in item 24 show the producing interval, or intervals, top(s), bottom(s) and name(s) (if any) for only the interval reported in item 33. Submit a separate report (page) on this form, adequately identified, for each additional interval to be separately produced, showing the additional data pertinent to such interval.

**Item 29:** "Sacks Cement": Attached supplemental records for this well should show the details of any multiple stage cementing and the location of the cementing tool. **Item 33:** Submit a separate completion report on this form for each interval to be separately produced. (See instruction for items 22 and 24 above.)

| 37. SUMMARY OF POROUS ZONES:<br>SHOW ALL IMPORTANT ZONES OF POROSITY AND CONTENTS THEREOF: CORED INTERVALS; AND ALL DRILL-STEM TESTS, INCLUDING<br>DEPTH INTERVAL TESTED, CUSHION USED, TIME TOOL OPEN, FLOWING AND SHUT-IN PRESSURES, AND RECOVERIES |      |        |                             | 38. GEOLOGIC MARKERS |             |                  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|--------|-----------------------------|----------------------|-------------|------------------|
| FORMATION                                                                                                                                                                                                                                             | TOP  | BOTTOM | DESCRIPTION, CONTENTS, ETC. | NAME                 | MEAS. DEPTH | TRUE VERT. DEPTH |
| gates                                                                                                                                                                                                                                                 | 1750 | 1820   | 70 core on DST's            | Rustler              | 501         |                  |
|                                                                                                                                                                                                                                                       |      |        |                             | B/Salt               | 1496        |                  |
|                                                                                                                                                                                                                                                       |      |        |                             | gates                | 1676        |                  |

CKBERRY #120

~~NOV 05 1984~~

O. C. D.  
ARTESIA, OFFICE

The undersigned hereby certifies that he is an authorized representative of the drilling contractor who drilled the above-described well and that he has conducted deviation tests and obtained the following results:

## Degrees @ Depth

## Degrees @ Depth

$$\frac{1}{2} \quad 499'$$

1 610'

1 1110'

1 1590'

1 1996'

Drilling Contractor CACTUS DRILLING COMPANY

BY :

DEBRA KELLY, OFFICE MANAGER

Subscribed and sworn to before me this 25th day of SEPTEMBER, 1984

Notary Public

My Commission Expires:

County

